

Filing at a Glance

Company: Star Insurance Company	SERFF Tr Num: ARKS-125226167	State: Arkansas
Product Name: Workers' Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025369
TOI: 16.0 Workers Compensation	Co Tr Num: ST-AR-WC-0707	State Status:
Sub-TOI: 16.0004 Standard WC	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Filing Type: Rate	Author:	Disposition Date: 07-06-2007
	Date Submitted: 07-06-2007	Disposition Status: Approved
Effective Date Requested (New): 09-01-2007		Effective Date (New): 09-01-2007
Effective Date Requested (Renewal):		Effective Date (Renewal):

General Information

Project Name: 7/1/07 rate filing	Status of Filing in Domicile: Not Filed
Project Number: ST-AR-WC-0707	Domicile Status Comments: AR only filing
Reference Organization: NCCI	Reference Number: AR-2007-01
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07-06-2007	
State Status Changed: 07-06-2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Body of email submission: I am submitting the attached filing on behalf of Star Insurance Company, NAIC # 18023. This e-mail will serve as my cover letter.	

Star Insurance Company, NAIC #18023, Group # 748
Workers Compensation Loss Cost adoption filing
Filing #: ST-AR-WC-0707
Requested effective date: 9/1/07

Star Insurance Company is authorized to write Workers Compensation insurance in your state. At this time we would like to adopt the approved 7/1/07 NCCI Loss Costs and miscellaneous values (Item AR-2007-02) effective 9/1/07 to be used with our previously filed Loss Cost Multipliers. We would also like to adopt item B-1403 with this filing. The attached miscellaneous values contain updated hazard groups.

The required transmittal documents are attached along with the rates and miscellaneous values pages. Our filing fee of \$50.00 will be mailed to the department with a copy of this e-mail attached.

If you have any questions or need additional information please contact me by telephone at (248) 204-8594, by fax (248) 358-1614, or by e-mail at AWebster@meadowbrook.com.

Filing Description:

Star Insurance Company would like to adopt the 7/1/07 NCCI loss costs effective 9/1/07. We would like to maintain our previously filed Loss Cost Multipliers as listed below. Final Rate pages and miscellaneous values are attached.

Class Code:	Loss Cost Multiplier:
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8288	1.90
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0008, 2501, 7380, 7613, 8006, 8044, 8292, 8350, 8380, 8393, 8868, 9012, 9186	1.61
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All other codes	1.46
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Company and Contact

Filing Contact Information

Amanda Webster, Compliance Analyst
26255 American Drive
Southfield, MI 48034

awebster@meadowbrook.com
(248) 358-1614 [Phone]
() -[FAX]

Filing Company Information

Star Insurance Company
26255 American Drive

CoCode: 18023
Group Code:

State of Domicile: Michigan
Company Type: Property &
Casualty

Southfield, MI 48034
(248) 204-8594 ext. [Phone]

Group Name:
FEIN Number: 38-2626205

State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Loss cost adoption with no change to LCM

Check will be forwarded to Ins. Dept. by mail.

Per Company: No

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-06-2007	07-06-2007

Disposition

Disposition Date: 07-06-2007

Effective Date (New): 09-01-2007

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Star Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Rate pages	Approved	Yes
Supporting Document	email correspondence	Approved	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	07-06-2007
Comments:				
Attachment:				
	7-1-07 loss costTransmittal documents.pdf			
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	07-06-2007
Bypass Reason:	not needed			
Comments:				
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	07-06-2007
Bypass Reason:	not needed			
Comments:				
Satisfied -Name:	Rate pages	Review Status:	Approved	07-06-2007
Comments:				
Attachment:				
	7-1-07 Rate and rule pages.pdf			
Satisfied -Name:	email correspondence	Review Status:	Approved	07-06-2007
Comments:				
Attachment:				
	Star 7-1-07 loss cost.pdf			

FORM UT Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: f. State Filing #: g. SERFF Filing #:
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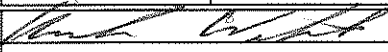
3. Group Name	Group NAIC #
Meadowbrook Insurance Group	0748

4. Company Name(s)	Domicile	NAIC #	FEIN #
Star Insurance Company	MI	18023	38-2626205

5. Company Tracking Number	ST-AR-WC-0707
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Amanda Webster 26255 American Drive Southfield, MI. 48034	Compliance Analyst	(800) 482-2726 Ext 8594 or (248) 204-8594	(248) 358-1614	Awebster@Meadowbrook.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Amanda Webster

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Workers' Compensation
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	General Use
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: 9/1/2007 Renewal: 9/1/2007
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	National Council on Compensation Insurance - Item AR-2007-02
18. Company's Date of Filing	7/5/2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	ST-AR-WC-0707
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]	
Star Insurance Company would like to adopt the 7/1/07 NCCI loss costs effective 9/1/07. We would like to maintain our previously filed Loss Cost Multipliers as listed below. Final Rate pages and Miscellaneous Valuas are attached.	
Class Code	Loss Cost Multiplier
8288	1.90
0008, 2501, 7380, 7613, 8006, 8044, 8292, 8350, 8380, 8393, 8868, 9012, 9186	1.61
All Other Class Codes	1.46

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #:</p> <p>Amount: 50</p>	
<p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #	ST-AR-WC-0707		
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A		
<input type="checkbox"/> Rate Increase <input checked="" type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)				
3.	Overall percentage rate impact for this filing	-6.10%		
4.	Effect of Rate Filing – Written premium change for this program	-10,600		
5.	Effect of Rate Filing – Number of policyholders			
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval		
7.	Rate Change by Company			
	Company Name	Percentage Change for this program	# of policyholders for this program	Written premium for this program
	Star Insurance Company	-6.1		174,417
8.	Overall percentage of last rate revision	-3.80%		
9.	Effective Date of last rate revision	8/15/2006		
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval		

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	AR WC-Rates 09-07	1thru 7	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Effective September 1, 2007

Rates

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	4.89	750	2003	2.85	627	2701	7.88	750	3223	3.34	702
0008	3.27	690	2014	5.40	750	2702X	27.19	750	3224	2.70	605
0016	6.23	750	2016	2.45	568	2710	8.44	750	3227	1.78	467
0034	4.20	750	2021	3.36	704	2714	5.12	750	3240	3.42	712
0035	2.50	574	2039	4.66	750	2719X	10.98	750	3241	2.99	649
0036	4.12	750	2041	4.06	750	2731	3.74	750	3255	2.67	601
0037	4.42	750	2065	1.23	384	2735	3.05	658	3257	2.76	614
0042	7.24	750	2070	5.10	750	2759	7.62	750	3270	4.50	750
0050	5.46	750	2081	4.39	750	2790	1.43	415	3300	3.74	750
0059D	0.29	244	2089	2.77	616	2802	6.61	750	3303	3.71	750
0065D	0.06	209	2095	3.27	691	2812	4.45	750	3307	3.61	741
0066D	0.06	209	2105	2.53	579	2835	1.71	456	3315	2.69	603
0067D	0.06	209	2110	2.31	546	2836	2.42	564	3334	2.53	579
0079	3.21	682	2111	2.07	511	2841	4.22	750	3336	2.48	572
0083	8.51	750	2112	2.60	590	2881	2.32	548	3365	9.81	750
0106	14.28	750	2114	3.17	675	2883	4.41	750	3372	2.79	618
0113	4.79	750	2121	2.00	500	2913	3.08	662	3373	3.43	715
0170	2.63	594	2130	2.95	642	2915	3.93	750	3383	0.99	349
0251	5.37	750	2131	1.81	472	2916	2.48	572	3385	0.91	336
0400	8.57	750	2143	2.22	533	2923	2.09	513	3400	2.64	596
0401	12.41	750	2156	3.83	750	2942	2.48	572	3507	2.98	647
0771N	0.32	248	2157	3.83	750	2960	3.05	658	3515	2.41	561
0908P	128.48	750	2172	2.15	522	3004	2.61	592	3548	1.26	388
0913P	340.18	750	2174	2.85	627	3018	3.14	671	3559	2.22	533
0917	3.80	750	2211	5.31	750	3022	3.39	708	3574	1.21	382
1005Z	9.56	750	2220	2.04	507	3027	3.04	656	3581	1.24	386
1016Z	34.08	750	2286	1.50	426	3028	3.23	684	3612	2.26	539
1164E	7.18	750	2288	4.69	750	3030	4.25	750	3620	6.13	750
1165E	6.99	750	2300	2.18	526	3040	4.20	750	3629	1.94	491
1320	2.89	634	2302	1.91	487	3041	3.64	745	3632	3.15	673
1322	11.83	750	2305	2.50	574	3042	3.33	699	3634	1.94	491
1430	5.34	750	2361	1.39	408	3064	4.70	750	3635	1.81	472
1438	2.74	612	2362	1.85	478	3069	6.85	750	3638	1.62	443
1452	1.87	480	2380	6.32	750	3076	2.83	625	3642	0.95	342
1463	11.55	750	2386	1.21	382	3081D	2.60	590	3643	3.04	656
1472	3.50	726	2388	1.96	493	3082D	4.10	750	3647	3.29	693
1624E	7.71	750	2402	2.34	550	3085D	3.02	653	3648	2.18	526
1642	3.84	750	2413	1.87	480	3110	3.08	662	3681	1.45	417
1654	8.23	750	2416	1.94	491	3111	3.08	662	3685	1.90	485
1655	4.63	750	2417	1.78	467	3113	2.22	533	3719	3.45	717
1699	2.13	520	2501	1.69	454	3114	2.61	592	3724	6.77	750
1701	3.55	732	2503	1.37	406	3118	1.46	419	3726	3.56	734
1710E	6.66	750	2534	2.42	564	3119	1.10	364	3803	1.85	478
1741E	1.78	467	2570	4.91	750	3122	1.17	375	3807	1.62	443
1745X	2.89	634	2585	2.70	605	3126	1.99	498	3808	2.79	618
1747	2.44	566	2586	1.02	353	3131	0.92	338	3821	4.28	750
1748	5.81	750	2587	2.22	533	3132	2.10	515	3822	2.79	618
1803D	5.52	750	2589	1.64	445	3145	1.96	493	3824	4.92	750
1852D	2.23	535	2600	4.98	750	3146	2.64	596	3826	1.05	358
1853	2.67	601	2623	2.57	585	3169	2.69	603	3827	1.21	382
1860	1.55	432	2651	2.29	544	3175D	2.91	636	3830	1.17	375
1924	3.27	691	2660	1.59	439	3179	2.42	564	3851	2.96	645
1925	2.72	607	2670	2.39	559	3180	2.18	526	3865	1.31	397
2001	2.45	568	2683	2.07	511	3188	1.45	417	3881	3.85	750
2002	3.39	708	2688	2.95	642	3220	2.06	509	4000	7.53	750

Effective September 1, 2007

Rates

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
4021	4.61	750	4611	0.96	345	5491	2.20	531	7024M	6.13	750
4024E	1.72	458	4635	3.96	750	5506	4.50	750	7038M	6.53	750
4034	7.01	750	4653	1.37	406	5507	5.93	750	7046M	29.52	750
4036	2.67	601	4665	6.92	750	5508D	7.53	750	7047M	9.93	750
4038	2.18	526	4670	4.41	750	5535	6.85	750	7050M	11.74	750
4053	3.30	695	4683	4.79	750	5537	5.68	750	7090M	7.26	750
4061	4.39	750	4686	1.17	375	5551	14.85	750	7098M	32.81	750
4062	3.20	680	4692	0.38	257	5606	2.00	500	7099M	53.09	750
4101	2.03	504	4693	0.89	334	5610	7.10	750	7133	3.53	730
4111	2.39	559	4703	2.34	550	5645	11.78	750	7151M	4.29	750
4112	0.98	347	4717	2.50	574	5651	9.59	750	7152M	7.72	750
4113	1.72	458	4720	4.13	750	5703	105.03	750	7153M	4.77	750
4114	2.45	568	4740	1.52	428	5705	5.14	750	7222	10.07	750
4130	5.71	750	4741	1.83	474	5951	0.38	257	7228X	7.88	750
4131	2.77	616	4751	1.94	491	6003	10.51	750	7229X	7.83	750
4133	2.63	594	4771N	1.81	472	6005	6.96	750	7230	3.87	750
4150	1.34	401	4777	1.75	463	6017	4.34	750	7231	8.63	750
4206	4.03	750	4825	0.77	316	6018	2.19	529	7232	14.25	750
4207	1.17	375	4828	1.46	419	6045	2.98	647	7309F	27.94	750
4239	1.34	401	4829	1.58	437	6204	9.78	750	7313F	6.45	750
4240	2.98	647	4902	1.75	463	6206	7.58	750	7317F	10.40	750
4243	1.46	419	4923	1.15	373	6213	11.81	750	7327F	22.79	750
4244	2.41	561	5020	5.80	750	6214	2.80	620	7333M	7.49	750
4250	1.50	426	5022	6.39	750	6216	5.31	750	7335M	8.32	750
4251	1.69	454	5037	17.56	750	6217	4.95	750	7337M	13.46	750
4263	2.44	566	5040	20.24	750	6229	4.15	750	7350F	24.57	750
4273	1.65	447	5057	16.54	750	6233	7.65	750	7360	6.02	750
4279	1.78	467	5059	23.32	750	6235	11.40	750	7370	5.24	750
4282	2.19	529	5069	22.34	750	6236	13.05	750	7380X	4.64	750
4283	2.38	557	5102	4.32	750	6237	3.65	748	7382	2.88	631
4299	1.53	430	5146	5.14	750	6251D	7.78	750	7390	3.62	743
4304	2.86	629	5160	4.39	750	6252D	7.04	750	7394M	14.70	750
4307	2.77	616	5183	3.30	695	6260D	5.31	750	7395M	16.34	750
4351	1.11	366	5188	5.49	750	6306	5.59	750	7398M	26.44	750
4352	1.05	358	5190	3.23	684	6319	5.56	750	7403X	2.92	638
4360	0.82	323	5191X	1.84	476	6325	5.18	750	7405N	1.53	430
4361	1.39	408	5192	4.07	750	6400	7.04	750	7420XZ	21.49	750
4362	1.08	362	5213	7.81	750	6504	2.48	572	7421	2.29	544
4410	2.98	647	5215	4.07	750	6702MZ	7.42	750	7422	2.44	566
4420	3.53	730	5221	4.15	750	6703MZ	13.33	750	7423X	2.92	638
4431	1.52	428	5222	10.19	750	6704MZ	8.23	750	7425	3.46	719
4432	1.64	445	5223	5.61	750	6801F	14.72	750	7431N	1.93	489
4439	1.90	485	5348	3.88	750	6811	5.56	750	7445N	0.83	325
4452	3.50	726	5402	5.11	750	6824F	25.42	750	7453N	1.04	355
4459	2.13	520	5403	10.45	750	6826F	12.23	750	7502	3.02	653
4470	2.31	546	5437	4.77	750	6834	4.34	750	7515	1.10	364
4484	2.39	559	5443	3.78	750	6836	9.58	750	7520	3.10	664
4493	2.85	627	5445	4.83	750	6843F	16.76	750	7538	9.86	750
4511	0.70	305	5462	6.31	750	6845F	19.81	750	7539	6.38	750
4557	1.87	480	5472	5.21	750	6854	5.43	750	7540	4.18	750
4558	1.91	487	5473	5.31	750	6872F	22.78	750	7580	2.10	515
4561	1.88	483	5474	7.39	750	6874F	40.56	750	7590	4.54	750
4568	2.70	605	5478	4.53	750	6882	6.04	750	7600	3.08	662
4581	1.71	456	5479	10.50	750	6884	13.27	750	7601	12.22	750
4583	4.70	750	5480	10.26	750	7016M	5.52	750	7605	3.42	712

Effective September 1, 2007

Rates

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
7610	0.50	274	8380	3.98	750	9082	1.71	456			
7611	6.00	750	8381	1.45	417	9083	1.53	430			
7612	16.91	750	8385	2.77	616	9084	2.12	518			
7613	5.26	750	8392	3.56	734	9089	1.34	401			
7705	2.83	625	8393	1.85	478	9093	1.52	428			
7710	6.86	750	8500	5.21	750	9101	3.17	675			
7711	6.86	750	8601	0.72	307	9102	3.11	666			
7720X	2.83	625	8606	3.65	748	9110	1.21	382			
7855	6.10	750	8709F	8.56	750	9154	2.54	581			
8001	2.53	579	8719	1.83	474	9156	1.46	419			
8002	3.33	699	8720	1.23	384	9170	2.41	561			
8006	2.56	584	8721	0.41	261	9178	26.16	750			
8008	1.21	382	8726F	10.18	750	9179	45.41	750			
8010	2.22	533	8734M	0.69	303	9180	4.48	750			
8013	0.51	277	8737M	0.63	294	9182	2.79	618			
8015	0.72	307	8738M	1.11	366	9186	61.90	750			
8017	1.24	386	8742X	0.51	277	9220	3.91	750			
8018XZ	2.76	614	8745	4.82	750	9402	5.40	750			
8021	1.78	467	8748	0.42	264	9403	6.63	750			
8031	3.24	686	8755	0.29	244	9410	2.03	504			
8032	1.66	450	8799	1.01	351	9501	5.04	750			
8033	2.01	502	8800	1.01	351	9505	3.68	750			
8039	1.50	426	8803	0.09	213	9516	2.91	636			
8044	3.62	743	8805M	0.34	250	9519	2.53	579			
8045	0.47	270	8810	0.25	237	9521	5.40	750			
8046	2.95	642	8814M	0.31	246	9522	1.58	437			
8047	1.27	391	8815M	0.54	281	9534	7.72	750			
8058	2.99	649	8820	0.23	235	9554	8.86	750			
8072	0.67	301	8824	2.93	640	9586	0.76	314			
8102	2.74	612	8825	2.45	568	9600	1.66	450			
8103	4.86	750	8826	2.34	550	9620	1.26	388			
8105	4.76	750	8829	2.79	618						
8106	4.53	750	8831	3.10	664						
8107	4.16	750	8832	0.29	244						
8111	3.29	693	8833XZ	1.15	373						
8116	4.72	750	8835	2.22	533						
8203	6.37	750	8861	1.21	382						
8204	6.35	750	8868	0.47	270						
8209	3.15	673	8869	0.77	316						
8215	5.68	750	8871	0.26	239						
8227	4.44	750	8901	0.29	244						
8232	6.61	750	9012	1.92	487						
8233	4.92	750	9014	2.41	561						
8235	4.20	750	9015X	2.85	627						
8263	9.46	750	9016	5.18	750						
8264	4.19	750	9019	3.40	710						
8265	10.00	750	9033	1.85	478						
8279	10.75	750	9040Z	3.64	745						
8288	9.12	750	9052	1.83	474						
8291	2.53	579	9058	1.80	469						
8292	3.38	707	9059	3.08	662						
8293	8.48	750	9060	1.85	478						
8295X	6.29	750	9061	1.43	415						
8304	7.37	750	9063	1.14	371						
8350	5.91	750	9077F	4.19	750						

FOOTNOTES

D Advisory loss costs for classification already includes the specific disease loading shown in the table below. See Basic Rule 3-A-7.

E Advisory loss cost for classification already includes the specific disease loading shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.20	S	1710E	0.04	S	3175D	0.02	S
0065D	0.04	S	1741E	0.17	S	4024E	0.01	S
0066D	0.04	S	1803D	0.17	S	5508D	0.02	S
0067D	0.04	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.06	S	3081D	0.03	S	6252D	0.03	S
1165E	0.03	S	3082D	0.04	S	6260D	0.02	S
1624E	0.03	S	3085D	0.04	S			

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.

M Rate provides for coverage under Admiralty Law and Federal Employer's Liability Act. (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

Class Codes with Specific Footnotes

1005 Rate includes a non-ratable disease element of \$2.56. (For coverage written separately for federal benefits only, \$2.19. For coverage written separately for state benefits only, \$0.37).

1016 Rate includes a non-ratable disease element of \$10.22. (For coverage written separately for federal benefits only, \$8.73. For coverage written separately for state benefits only, \$1.49. It also includes a catastrophe load of \$0.10). Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.

6702 Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code loss cost and ELR each X 1.215.

6703 Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection A4 class loss cost X 2.184 and ELR 1.982.

6704 Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rates and ELR each X 1.35

7409 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation).

7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006.

8018 See Arkansas Special Classification for Warehousing-groceries exclusively.

8833 The ex-medical loss cost for this classification is \$0.41. A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanatorium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

9040 The ex-medical loss cost for this classification is \$1.20. A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanatorium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Effective September 1, 2007

ADVISORY MISCELLANEOUS VALUES

Deductible Credit Amount: The following credit amounts are applicable based on Deductible amount and hazard group on a per claim basis: The formula at the bottom of this page was used to obtain the credit amounts.

Note: These are Final Deductible Credit Factors

Deductible Amount	Total Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	10.4%	8.4%	7.2%	6.1%	5.1%	3.6%	2.7%
1,500	12.6%	10.3%	8.9%	7.5%	6.4%	4.5%	3.5%
2,000	14.4%	11.8%	10.3%	8.8%	7.5%	5.4%	4.1%
2,500	15.9%	13.2%	11.5%	9.8%	8.4%	6.1%	4.7%
3,000	17.3%	14.3%	12.6%	10.8%	9.3%	6.8%	5.3%
3,500	18.5%	15.4%	13.5%	11.7%	10.1%	7.5%	5.8%
4,000	19.7%	16.4%	14.5%	12.6%	10.8%	8.1%	6.3%
4,500	20.7%	17.4%	15.3%	13.4%	11.5%	8.7%	6.7%
5,000	21.8%	18.3%	16.2%	14.1%	12.2%	9.3%	7.2%

Deductible Amount	Medical Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	10.0%	8.2%	7.0%	5.9%	4.9%	3.4%	2.6%
1,500	12.0%	9.8%	8.5%	7.1%	6.0%	4.2%	3.2%
2,000	13.5%	11.1%	9.6%	8.2%	6.9%	4.9%	3.8%
2,500	14.8%	12.2%	10.6%	9.0%	7.7%	5.5%	4.3%
3,000	15.9%	13.2%	11.5%	9.8%	8.4%	6.1%	4.7%
3,500	16.9%	14.0%	12.2%	10.5%	9.0%	6.6%	5.1%
4,000	17.7%	14.8%	13.0%	11.2%	9.6%	7.0%	5.4%
4,500	18.5%	15.5%	13.6%	11.8%	10.1%	7.5%	5.8%
5,000	19.3%	16.2%	14.2%	12.3%	10.6%	7.9%	6.1%

Deductible Amount	Indemnity Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	2.2%	1.8%	1.7%	1.5%	1.4%	1.2%	0.9%
1,500	3.1%	2.5%	2.3%	2.2%	1.9%	1.6%	1.2%
2,000	3.8%	3.2%	2.9%	2.7%	2.4%	2.0%	1.6%
2,500	4.5%	3.8%	3.5%	3.2%	2.9%	2.4%	1.9%
3,000	5.1%	4.3%	4.0%	3.7%	3.3%	2.8%	2.2%
3,500	5.7%	4.8%	4.4%	4.1%	3.7%	3.1%	2.4%
4,000	6.2%	5.3%	4.9%	4.5%	4.0%	3.4%	2.7%
4,500	6.7%	5.7%	5.3%	4.9%	4.4%	3.7%	2.9%
5,000	7.1%	6.1%	5.7%	5.3%	4.7%	4.0%	3.1%

Small Premium Deductibles

$$D = \frac{K \cdot F \cdot E}{(1 - V)}$$

D = Deductible Credit

F = (Safety Factor) = 0.9

K = Loss Elimination Ratio as published by NCCI

E = Expected Loss Ratio and ALAE = .66

V = Variable Expenses = 0.23

ADVISORY MISCELLANEOUS VALUES (Continued)

Basis of premium applicable in accordance with the footnote instructions for Code:

7370 - "Taxicab Co."

Employee operated vehicle	\$46,220.00
Leased or rented vehicle	\$30,813.00

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"

Maximum payroll per week per employee	\$600.00
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Expense Constant applicable in accordance with basic manual rule VI-E.2... \$200.00

Maximum Payroll applicable in accordance with **Basic Manual** Rule 2-E-1

Executive Officers, and the footnote instructions for:

Code 9178 - Athletic Team: Non-Contact Sports; Code 9179 - Athletic Team: Contact Sports; and Code 9186 - Carnival: Traveling	\$2,400.00
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Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1:

Executive Officers	\$300.00
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Per Passenger Seat Surcharge -- In accordance with the footnote instructions for Classification Code 7421, the surcharge is:

per passenger seat	\$100.00
maximum surcharge per aircraft	\$1,000.00

Premium Determination for Partners, Sole Proprietors and Members of

Limited Liability Companies in accordance with Basic Manual Rule 2-E-3 \$30,800.00

Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (Final Rate) 0.01

Terrorism Risk Insurance Act -- Certified Losses (Final Rate) 0.03

Premium Discount Percentages - (See Rule VII-D). The following premium discounts are applicable to Standard Premiums:

<u>Premium Amount</u>	<u>Discount</u>
0 to 5,000	0.0%
5,001 to 100,000	7.0%
100,001 to 500,000	8.5%
500,000 +	10.0%

United States Longshore and Harbor Workers' Compensation Coverage Percentage

applicable only in connection with **Basic Manual** Rule 3-A-4 95%

(Multiply a Non-"F" classification by 1.95 to adjust for the differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.71) and for differences in loss-based expenses (1.139).)

STAR INSURANCE COMPANY
WORKERS COMPENSATION EXPERIENCE RATING PLAN

ARKANSAS
Page 7

Effective September 1, 2007

EXPERIENCE RATING ELIGIBILITY

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

SCHEDULE RATING PLAN

The Schedule Rating Plan published by the National Council on Compensation Insurance applies in Arkansas. The maximum Modification shall be 25%. Any risk shall be eligible. The range of modifications (Credit to Debit), and characteristics are as follows

Premises	Medical Facilities	Safety Devices	Employees - Selection Training, Supervision	Management - Cooperation with Insurance Carrier	Management - Safety Organization
10% - 10%	5% - 5%	5% - 5%	10% - 10%	10% - 10%	5% - 5%

Carol Stiffler

From: Amanda Webster [Amanda.Webster@Meadowbrook.com]
Sent: Thursday, July 05, 2007 4:15 PM
To: Carol Stiffler
Subject: RE: Workers Compensation - Star Insurance Company - ST-AR-WC-0707

I will make a note and submit all future filings through SERFF.

I apologize you are correct; we wish to adopt item AR-2007-1. We would also like to adopt item B-1403, effective 9/1/07. The hazard groups on our miscellaneous values page 5 show the appropriate changes to the deductible credit amounts.

From: Carol Stiffler [mailto:Carol.Stiffler@arkansas.gov]
Sent: Thursday, July 05, 2007 5:08 PM
To: Amanda Webster
Subject: RE: Workers Compensation - Star Insurance Company - ST-AR-WC-0707

We can accept filings by email but we strongly encourage using SERFF for submitting electronic filings. Several states are now requiring that all filings be made through SERFF and we are looking at that option.

That being said, I can accept this filing by email.

I have reviewed the filing and on the Transmittal Doc. Line 17 you indicated you are adopting Item AR-2007-02. That Item # is for the assigned risk rates only. Did you mean Item AR-2007-01? After AR-2007-01 was approved NCCI made a second filing Item B-1403 that made changes to the Hazard Groups. Will you be adopting that also? It does make changes to the loss costs. NCCI indicated on their Circular that you didn't have to do anything to adopt it but really the company should tell us if they are or aren't adopting, so it makes sense to do it in this filing. There is no additional charge.

Carol Stiffler
Certified Rate & Form Analyst
Arkansas Insurance Dept.
Property & Casualty
1200 W. 3rd St.
Little Rock, AR 72201-1904
501-371-2807 FAX 501-371-2748
carol.stiffler@arkansas.gov

From: Amanda Webster [mailto:Amanda.Webster@Meadowbrook.com]
Sent: Thursday, July 05, 2007 3:00 PM
To: Carol Stiffler
Subject: Workers Compensation - Star Insurance Company - ST-AR-WC-0707

I am submitting the attached filing on behalf of Star Insurance Company, NAIC # 18023. This e-mail will serve as my cover letter.

Star Insurance Company, NAIC #18023, Group # 748
Workers' Compensation Loss Cost adoption filing
Filing #: ST-AR-WC-0707

7/6/2007

Requested effective date: 9/1/07

Star Insurance Company is authorized to write Workers' Compensation insurance in your state. At this time we would like to adopt the approved 7/1/07 NCCI Loss Costs and miscellaneous values (Item AR-2007-02) effective 9/1/07 to be used with our previously filed Loss Cost Multipliers. We would also like to adopt item B-1403 with this filing. The attached miscellaneous values contain updated hazard groups.

The required transmittal documents are attached along with the rates and miscellaneous values pages. Our filing fee of \$50.00 will be mailed to the department with a copy of this e-mail attached.

If you have any questions or need additional information please contact me by telephone at (248) 204-8594, by fax (248) 358-1614, or by e-mail at AWebster@meadowbrook.com.

Sincerely,
Amanda Webster
Star Insurance Company

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7/6/2007